

**Visit Date:** 28<sup>th</sup> July 2017. **Time:** 1pm – 3pm  
**Service name:** Fredrick Salmon Ward, St Marks Hospital

**Summary**

Healthwatch Brent made a visit to Fredrick Salmon Ward at St Marks Hospital to engage with patients and to hear their views on the service that they are receiving. Fredrick Salmon Ward is a specialist service in bowel cancer surgery and focuses on complex cases that other hospitals cannot deal with. Due to this they receive patient referrals from outside of London. Two patients were from Kent and one was from West Ireland. When I arrived at the ward I was given a list of patients that would be well enough to provide feedback. On the day I spoke to eight patients; two patients were with their carers.

**Discussions:** Patients feel involved with discussions about their care. Carers also feel involved.

**Staff relationship:** Staff were described as polite, friendly and caring. Patients feel that the staff are understanding and that there is a happy atmosphere as staff enjoy their job.

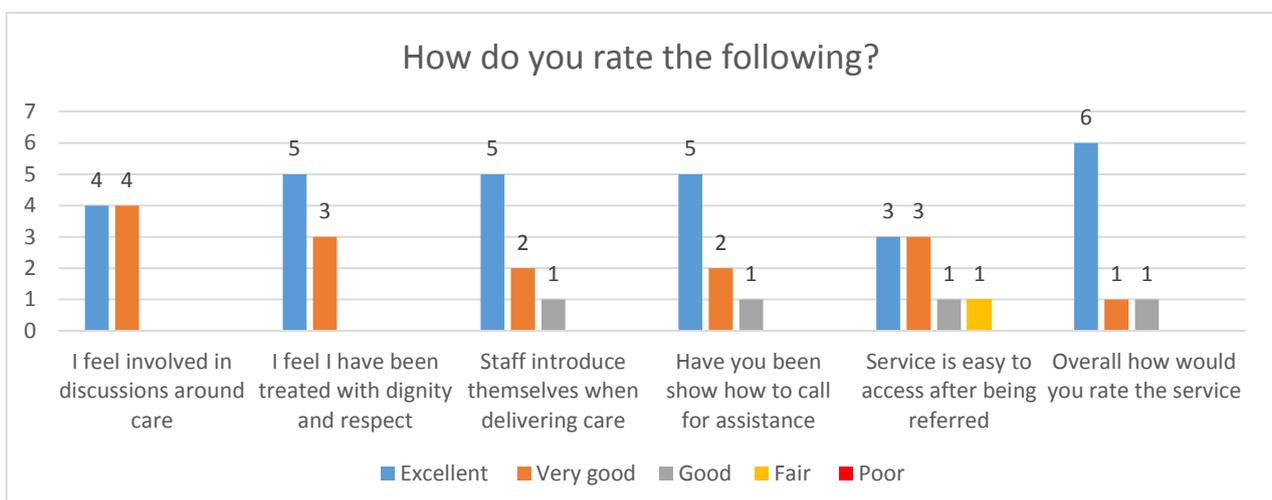
**Treatment plan:** Patients feel that they have regular discussions with staff and are kept updated with the treatment they are receiving and what the next step will be which patients consider to be their treatment plan. Patients who travel from outside of London are not sure how they will go back home and believe that they will have to make their own arrangements once they are discharged.

**Referral:** Patients have been referred from different services such as GP, A&E and other hospitals. Most patients got their first consultation approximately two weeks after being referred. One patient from Kent had to wait longer as they had to have two consultations and the patient who was referred from Ireland had to wait for two months. After patients were referred they received an appointment letter in the post and found the referral process to be easy.

**Call for assistance:** Patients are aware how to call for assistance; they have a button at the side of the bed which staff are quick to respond. Day staff respond within in a few minutes whereas night staff take 20 minutes.

**Transport:** We have been told that if patients need hospital transport the trust would will provide it whatever the distance, we would like to know whether staff are conveying this information to patients, as 2 patients we spoke to weren't aware of this and were quite anxious.

We asked the patients and carers to rate the service from 1 (poor) to 5 (excellent). The results are in a graph below:



### **Case studies:**

#### Case study-1

A patient had been referred from outside London. Before they were admitted onto the ward, they had to have a number of consultations for which they had to travel to the St Marks Hospital. As neither the patient nor the carer drives they had to make their own arrangements to the hospital which costed them £100 each appointment. They used a voluntary service which only charged them 45p a mile.

#### Case study-2

Another patient was referred to St Marks Hospital, Fredrick Salmon Ward from outside London. The patient said that transport was arranged for them but not by the hospital to attend their treatment. However, the patient is not aware how they will get back home once discharged. They said it would be nice to know but will worry about it when the time comes.

#### Case study-3

A carer noticed that after the patients operation their medication was being left on the side and the patient was not taking them unless the carer helped them to when they visited. The carer was concerned that they did not know how long the medication had been there for. The carer expressed their concerns to a member of staff, after speaking to the staff they made sure that the patient always took their medication on time.

#### Case study-4

When I went to speak to a patient, they showed me a disconnected wire and asked if I know what this is for. I reported this to a nurse, she apologised to the patient and said this should be plugged in and then connected the wire to where it should be. The nurse told me this was the PCE wire.

### **Feedback from patients:**

“The understanding and care from the staff is incredible”

“There is a happy atmosphere, the staff enjoy their job”

“Consultant and team really good, most nurses are really good”

“Staff and treatment have been excellent”

“This service has been perfect”

“All staff are very good, they care and treat me well”

“Staff work as a team, do their job and there is always a nurse to help”

### **Recommendations**

- To ensure all PCA (patient controlled analgesia) wires are connected at all times
- To ensure that patients’ medication is taken at the right time and to assist them if needed
- To provide transport information to patients who have travelled from a long distance so they become aware of their travel options once discharged

### **Overall experience**

The feedback from the patients about their experience was at the Fredrick Salmon Ward was very good. However, there was a lack of information about patient transport that caused patients unnecessary concern and we noted that medication was not being taken by one patient which was a concern. Six patients scored excellent on how they rate the service (graph at bottom of the first page) and said this was due to the staff. Patients feel staff genuinely care about them and want to help to make a full recovery. The ward was well staffed and I saw several patients receiving assistants including two being taken to the bathroom, as the ward is well staffed that enables staff to respond quickly to patients who call for assistance.

### **Service response**

Thank you for this helpful feedback. It has been discussed with the team.

- **To ensure all PCA wires are connected at all times.**

These should of course be kept connected to ensure that batteries are charged to allow patients to move around. Nurses should check this as part of their handover and have been reminded to do so.

- **To ensure that patients' medication is taken at the right time and to assist them if needed**

We were pleased that the staff responded once this matter had been brought to their attention. As above, nurses are responsible for making sure that medication is taken on time.

- **To provide transport information to patients who have travelled from a long distance so they become aware of their travel options once discharged**

We were sorry to hear that patients were anxious about how they would get home if they lived a long way away. The discharge coordinator on the ward had retired and her replacement had not started at the time of this visit. We now have a new discharge coordinator who will make sure that patients are involved in their discharge planning and to respond to this sort of anxiety.